

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-000623

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 78

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

FILED FEB 8 1963

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
Length of stay in 1b 2 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 1667 Perryville Road	
3. NAME OF DECEASED (Type or print) First Patricia Middle Ann Last Miller		4. DATE OF DEATH Month Jan. Day 25 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1943
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Education	9. AGE (last birthday) 19
11a. FATHER'S NAME William R. Miller		11b. MOTHER'S MAIDEN NAME Velma L. Honey	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		13b. SOCIAL SECURITY NO. *****	14. NAME OF HUSBAND OR WIFE NONE
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lobar pneumonia		16. INTERVAL BETWEEN ONSET AND DEATH 10 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-31-61 to 1-25-63 and last saw him alive on 1-24-63 Death occurred at 6:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dorothy Blankenship M.D.	
22b. ADDRESS CAPE GIRARDEAU, MO.		22c. DATE SIGNED 2-4-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-27-1963	23c. NAME OF CEMETERY OR CREMATORY Anna City Cemetery	23d. LOCATION (City, town, or county) (State) Anna, Illinois
24. FUNERAL DIRECTOR Ford & Sons		25. DATE RECD. BY LOCAL REG. 2-4-63	
ADDRESS Cape Girardeau, Mo.		26. REGISTRAR'S SIGNATURE James Kasten	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

To doctor 1-25-63

Picked up 2-4-63

FEB 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ *W. J. F.*

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.